TELEHEALTH COUNCIL GOAL TWO SUBCOMMITTEE MEETING
TELEHEALTH EXPANSION PLANNING WORKSHOP
Meeting Notes

NOVEMBER 10, 2015

Purpose

The Idaho Telehealth Council, Goal 2 Subcommittee, met on Tuesday, November 10, 2015 at the Best Western Vista Inn, Boise, ID. The purpose of the meeting was to generate an action plan to pursue the subcommittee's goal and objectives as articulated in the Statewide Healthcare Innovation Plan (SHIP Goal 4).

The following individuals participated in the meeting:

- Susan Ault, Idaho Primary Care Association
- Miro Barac, Idaho Department of Health and Welfare
- Lenne Bonner, Clearwater Valley Hospital & Clinics/St. Mary's Hospital & Clinics
- Stacy Carson, Idaho Hospital Association
- Kate Creswell, Idaho Department of Health and Welfare
- Robert Cuoio, The Hospital Cooperative
- Kevin Gray, Blackfoot Fire District
- Rachel Harris, Southwest District Health
- William Hazle, Private Psychiatrist
- William Holstein, Jr., Shoshone County EMS
- Casey Meza, Kootenai Health
- Michael Meza, Kootenai Health
- Stephanie Sayegh, Idaho Department of Health and Welfare
- Mary Sheridan, Idaho Department of Health and Welfare
- Molly Steckel, Idaho Medical Association
- Tiffany Whitmore-Siebert, St. Alphonsus Medical Group
- Matt Wimmer, Idaho Department of Health and Welfare Division of Medicaid

Marsha Bracke, Bracke and Associates, Inc., facilitated the workshop. Taylor Kaserman, Idaho Department of Health and Welfare, provided staff support to the group. The Agenda is included on page 4 as Attachment A to this workshop summary.

Attachments

Agenda

OVERVIEW

Mary Sheridan, Idaho Department of Health and Welfare and Idaho Telehealth Council (ITC) Goal 2 Subcommittee Co-Chair, provided the group an overview of the project, the nexus of ITC initiatives and SHIP initiatives, and the role of this subcommittee in supporting the converging efforts. A copy of her presentation is included as Attachment B.

IDHW also made the following materials available for the group's reference:

- The Idaho Statewide Healthcare Innovation Plan Talking Points
- A diagram of the IHI Triple Aim Initiative (better care for individuals; better health for populations; lower per capita costs)
- SHIPs Model Test Proposal Mission Organizational Structure
- Idaho Telehealth Council Fact Sheet
- Idaho Telehealth Council Goal Two Subcommittee Goal, objectives and membership
- California Telemedicine and eHealth Center Readiness Assessment
- OTN Clinical Site Readiness Self-Assessment Tool

The Goal and Objectives for which the group is convened include the following:

Idaho Telehealth Council Goal 2:
Develop roadmap to operationalize and expand telehealth services in Statewide Healthcare Innovation Plan (SHIP) patient-centered medical homes (PCMH) and Community Health Emergency Medical Services (CHEMS) programs.

- Objective 2.1: Develop a SHIP telehealth expansion plan
- Objective 2.2: Provide training and technical assistance to support telehealth program development in PCMHs and CHEMs
- Objective 2.3: Establish and expand telehealth programs to improve access to specialty care and behavioral health services in rural communities

SHIP Goal 4:
Improve rural patient access to PCMHs by developing virtual PCMHs

- Objective: By December, 2018, improve rural patient access to medical care by developing 50 virtual Patient-Centered Medical Homes

WORKSHOP SESSION 1

The first session of the Workshop featured three work groups, each tasked with responding to a specific set of questions about how to move forward with establishing

telehealth services for Specialty Care, Behavioral Health and Community Health Emergency Medical Services (CHEMS) specifically. The responses helped to both guide the group toward shared outcomes and inform the development of the process to expand telehealth services.

The questions, the responses each work group maintained on flip charts during their discussion, and large group feedback to the small group results have been transcribed and are included as Attachment C.

WORKSHOP SESSION 2

Given the content generated in Session 1, two work groups reconvened to generate draft action plans to establish telehealth services for Specialty Care and Behavioral Health services in patient-centered medical homes. Wall-sized Gantt chart templates were provided for participants' use, and the groups populated those charts with planning year detail specifically and some implementation year detail, as possible.

Work groups reported their results, and then convened as a large group to discuss and populate the CHEMS Gantt chart template.

The work of the three groups has been transcribed and the draft planning document is provided as Attachment D.

EVALUATION BRAINSTORM

Each of the three initiatives featured an action to provide for telehealth performance evaluation. In order to help understand what that might specifically look like, the group brainstormed options and possibilities. The facilitator maintained these inputs on Flip Charts and transcribed them for the project's future use (Attachment E).

NEXT STEPS

1. Planning materials will be transcribed and provided to the Idaho Healthcare Coalition for review and discussion.
2. Mary Sheridan will investigate whether or not there are opportunities to secure staff support to help she and Miro Barac manage the project.
3. The initiatives around CHEMS telehealth will be presented to the CHEMS subcommittee to inform their work and leverage implementation and coordination opportunities.

STATEWIDE HEALTHCARE INNOVATION PLAN
Telehealth Subcommittee
Workshop Agenda
NOVEMBER 10, 2015

8:00 a.m. – 5:00 p.m.
Best Western Vista Inn, 2645 Airport Way, Boise, ID 83705

Time	Topic	Outcome
8:00 a.m.	**Welcome and Introductions** ☐ Marsha Bracke, Facilitator ☐ Mary Sheridan, DHW, Subcommittee Co-Chair ☐ Susan Ault, Idaho Primary Care Association, Subcommittee Co-Chair	*Meet and Greet*
8:30 a.m.	**Subcommittee Charter** ☐ Mary Sheridan, DHW	*Shared understanding of Subcommittee Charter*
8:45 a.m.	**Telehealth Expansion Plan Development – Specialty Services and Behavioral Health** ☐ Facilitated Discussion – Answer Key Questions	*Answer key questions; generate draft Telehealth Expansion Plan Strategic Action Plan and Schedule*
11:45 a.m.	**LUNCH – Provided by the Bureau of Rural Health & Primary Care**	
1:00 p.m.	**Telehealth Expansion Plan Development – Specialty Services and Behavioral Health** ☐ Facilitated Discussion – Develop Action Plan	*Continue*
2:15 p.m.	**BREAK- provided**	
2:30 p.m.	**Telehealth Expansion Plan Development – CHEMS** ☐ Facilitated Discussion	*Determine process to identify, recruit, and establish new Telehealth provider sites*
3:45 p.m.	**Telehealth Expansion Plan Development – Evaluation** ☐ Facilitated Discussion	*Identify approaches to evaluate implementation plan impact*
4:30 p.m.	**Review and Next Steps**	*Shared understanding of next steps*
5:00 p.m.	**ADJOURN**	

STATEWIDE HEALTHCARE INNOVATION PLAN (SHIP) AND TELEHEALTH

Mary Sheridan, Bureau Chief
Rural Health & Primary Care, Division of Public Health,
Idaho Department of Health and Welfare

PRIMARY SHIP GOAL

Redesign Idaho's healthcare delivery system to:

- Improve all Idahoans health by strengthening primary and preventive care through the patient centered medical home.
- Evolve from a fee-for-service, volume-based system to a value-based system of care focused on improving health outcomes.

CONTEXT

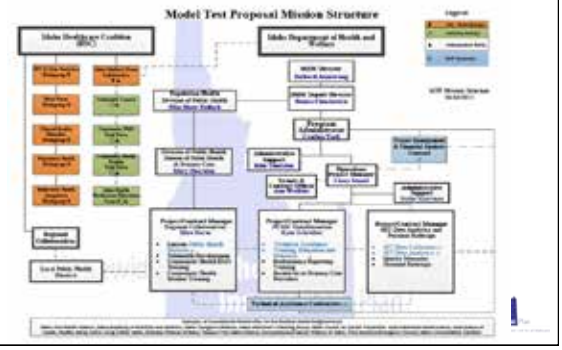
Triple Aim:

1. Improve population health
2. Patient experience of care (satisfaction and quality)
3. Reduce system costs

Testing…Testing…Testing

SHIP STATUS

- 2013 planning grant and 2014 submission of model test grant to CMMI
- $39,683,813 over 4 years: Model Test began February 1, 2015
- Year 1: pre-implementation and planning underway
  - IDHW staff hired
  - Identifying first 55 clinics to participate in PCMH transformation
  - Subgrants with 7 public health districts and Regional Collaborative kick-off
  - Rural health: CHW, CHEMS, telehealth
- Executive order from Governor Otter creates Idaho Healthcare Coalition to guide SHIP implementation.
  - Providers, payers, policy makers, and consumers
  - Assure consistency and accountability for statewide metrics



SHIP GOALS

Goal 1: Establish 165 PCMH primary care practices.

Goal 2: Adoption and use of EHRs and IHDE connections among the Model Test PCMHs.

Goal 3: Improve rural patient access to PCMH by developing 50 virtual PCMHs in rural primary care settings.

- Community Health Workers, Community Health EMS, Telehealth

Goal 4: Establish 7 Regional Collaboratives to support PCMH integration within the broader Medical/Health Neighborhood.

Goal 5: Build a statewide data analytics system.

Goal 6: Align payment mechanisms across payers to transform payment methodology from volume to value.

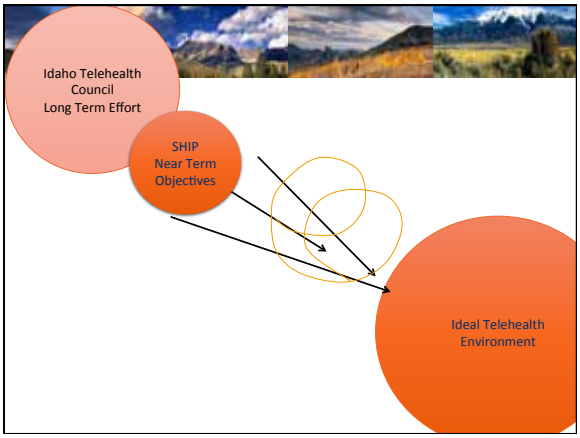
Goal 7: Reduce overall healthcare system costs.

SHIP Telehealth Expansion

- "Virtual PCMH" concept
- Improve access to specialty care and behavioral health services in PCMHs
- Test in Community Health EMS (CHEMS) programs
- Training, technical assistance, and mentoring
- Equipment

Idaho Telehealth Council

- Established via House Concurrent Resolution
  - Directs IDHW to "convene a council to coordinate and develop a comprehensive set of standards, polices, rules, and procedures for the use of telehealth and telemedicine in Idaho."
  - Telehealth Access Act: Title 54, Chapter 56
  - Telehealthcouncil.idaho.gov
- Link to SHIP: telehealth expansion effort via new Telehealth Council subcommittee
  - Includes council members and non-members



Vision

- Technical assistance, coaching, and mentoring provided to PCMHs and CHEMS
- Coordination at the Regional Health Collaborative(s) level.
- Identify resources, tools, and strategies to develop and implement telehealth CHEMS programs.

"Develop a roadmap to operationalize and expand telehealth services in SHIP PCMHs and CHEMS programs."

PROJECT CHARTER

Telehealth Council – Goal 2 Subcommittee

Version 1.0 – DRAFT - November 2015

Workgroup Summary

Chair/Co-Chair	Mary Sheridan and Susan Ault
Mercer Lead	Ralph Magrish
SHIP Staff	Miro Barac
IHC Charge	▪ IDHW is expanding telehealth technology, to include training and technical assistance, in rural communities, and enhancing access to behavioral health and other specialty services.
SHIP Goals	▪ **Goal 4: Improve rural patient access to PCMHs by developing virtual PCMHs.** ▪ Goal 7: Reduce overall healthcare costs.

Business Alignment

Business Need	▪ Telehealth plan and guidance/standards will support the design and implementation of virtual patient-centered medical homes (PCMHs) to enhance access to behavioral and other specialty services in rural communities.

Success Measures

	SHIP Desired Outcomes	Measurement	Advisory Group's Role
1	• Implement training and technical assistance to integrate telehealth services in PCMHs and Community Health Emergency Medical Services (CHEMS).	• CUM # (%) of recognized Virtual PCMH practices that have completed training and technical assistance for using Telehealth tools. ***Model Test Target – 36***	• Assist in the development of training and technical assistance tools to implement telehealth in PCMHs and CHEMS.
2	• Establish virtual PCMHs.	• CUM # (%) of Virtual PCMHs established in rural communities following assessment of need. ***Model Test Target – 50***	• Develop a readiness process to identify and promote telehealth in PCMHs.

Marsha Bracke 11/27/2015 1:20 PM
Comment [1]: Subsequent to the Subcommittee meeting of November 10, the Idaho Healthcare Coalition met on November 18, 2015, where they reviewed and approved this Charter with the following deletion./

Marsha Bracke 11/27/2015 1:18 PM
Deleted: <#>Goal 6: Align payment mechanisms across payers to transform payment methodology from volume to value.

3	• Integrate telehealth services in Community Health Emergency Medical Services (CHEMS).	• CUM # (%) of Community Health EMS Services (CHEMS) Virtual PCMHs established in rural communities following assessment of need. ***Model Test Target - 6***	• Assist in the development of a readiness strategy and implementation process to establish CHEMS telehealth programs.
4	• Integrate telehealth services in PCMHs to provide specialty services.	• CUM # (%) of specialty services Virtual PCMHs established in rural communities following assessment of need. ***Model Test Target - 18***	• Assist in the development of a process to engage PCMHs in new or expanded telehealth programs to improve access to specialty services.
5	• Integrate telehealth services in PCMHs to provide mental/behavioral health services.	• CUM # (%) of mental/behavioral health services Virtual PCMHs established in rural communities following assessment of need. ***Model Test Target - 18***	• Assist in the development of a process to engage PCMHs in new or expanded telehealth programs to improve access to behavioral health services.
6	• Establish and expand telehealth programs to improve access to specialty care and behavioral health services in rural communities.	• CUM # (%) of outreach activities • CUM # (%) of PCMHs and CHEMS agencies reached	• Assist in development of outreach plan and educational strategies.

Planned Scope

Deliverable 1	**Result, Product, or Service** • Develop a SHIP Telehealth Expansion Plan.	**Description** • Telehealth Subcommittee will create a Telehealth Expansion Plan, including action steps and a schedule for implementation.
Est. Timeframe	**Start**: 11/10/15	**End**: 1/31/16
Milestones	**Event** • Identify state planning resources. • Develop a roadmap to operationalize telehealth in rural PCMHs and CHEMS programs, including behavioral health and specialty services.	**Target Date** • 11/10/15 • 1/31/16
Deliverable 2	**Result, Product, or Service** • Develop and implement telehealth mentoring program, coaching, training, and best practice program tools and strategies.	**Description** • Identify training resources and establish a mentoring program.
Est. Timeframe	**Start**: 2/1/16	**End**:1/31/19

Milestones	**Event** • Identify and provide on-site and virtual training resources for PCMH, CHEMS, and Public Health District SHIP staff. • Identify and provide best practices resources for the delivery of telehealth services. • Develop and implement a mentoring program.	**Target Date** • TBD by Subcommittee.
Deliverable 3	**Result, Product, or Service** • Expand telehealth services in PCMHs and CHEMS programs.	**Description** • Facilitate outreach and training to promote statewide telehealth implementation.
Est. Timeframe	**Start**: 2/1/16	**End**: 1/31/19
Milestones	**Event** • Establish mentoring program. • Identify and implement technical assistance to Public Health District SHIP staff, Regional Health Collaboratives, PCMHs, and CHEMS staff.	**Target Date** • TBD by Subcommittee.
Deliverable 4	**Result, Product, or Service** • Develop new telehealth programs in Community Health Emergency Medical Services (CHEMS) to improve access to healthcare services in rural and underserved communities.	**Description** • Support the establishment of telehealth services in CHEMS programs by providing training, resources, and equipment to selected agencies.
Est. Timeframe	**Start**: 2/1/16	**End**: 1/31/19
Milestones	**Event** • Implement six new telehealth programs by providing equipment and training SHIP CHEMS agencies.	**Target Date** • TBD by Subcommittee.
Deliverable 5	**Result, Product, or Service** • Develop new telehealth programs and expand existing programs in PCMHs to improve access to specialty services in rural and underserved communities.	**Description** • Support the establishment of telehealth services in PCMHs by providing resources, training, and equipment to improve access to specialty services.
Est. Timeframe	**Start**: 2/1/16	**End**: 1/31/19
Milestones	**Event** • Provide 18 telehealth units and training to provide or expand access to specialty care in PCMHs.	**Target Date** • TBD by Subcommittee.

Deliverable 6	**Result, Product, or Service** • Develop new telehealth programs and expand existing programs in PCMHs to improve access to mental/behavioral health services in rural and underserved communities.	**Description** • Support the establishment of telehealth services in PCMHs by providing resources and equipment to improve access to mental/behavioral health services.
Est. Timeframe	**Start**: 2/1/16	**End**: 1/31/19
Milestones	**Event** • Provide 18 telehealth units and training to provide or expand access to behavioral health services in PCMHs.	**Target Date** • TBD by Subcommittee.
Deliverable 7	**Result, Product, or Service** • Monitor impact of small rural clinics.	**Description** • Collect data and evaluate impact of small rural clinics.
Est. Timeframe	**Start**: 2/1/16	**End**: 1/31/19
Milestones	**Event** • [TBD] • [TBD] • [TBD]	**Target Date** • [TBD] • [TBD] • [TBD]

Project Risks, Assumptions, and Dependencies

Risk Identification	Event	H – M – L	Potential Mitigation	Potential Contingency
	• Lack of human resources and funding.	M	Telehealth contractor can help with tasks.	Telehealth contractor and/or IDHW/SHIP team can provide support.
	•			
	•			
	•			
Assumptions	•			
Dependencies and Constraints	• [TBD]			

Project Reporting and Scope Changes

Changes to scope must be approved by the IHC after review by SHIP team.

Version Information

Author		**Date**	MM/DD/YYYY
Reviewer		**Date**	MM/DD/YYYY

Charter Approval Signatures

Date Approved by the Workgroup: _____

Final Acceptance

Name / Signature	Title	Date	Approved via Email
Mary Sheridan	Chair	MM/DD/YYYY	☐
Susan Ault	Co-Chair	MM/DD/YYYY	☐
Cynthia York	SHIP Administrator	MM/DD/YYYY	☐
Ralph Magrish	Mercer Lead	MM/DD/YYYY	☐

ATTACHMENT D: DISCUSSION QUESTION RESPONSE NOVEMBER 10, 2015

SPECIALITY CARE

How do we identify PMCH'S to establish new or expanded programs to improve access to specialty care in rural and underserved areas?

1. What key elements must exist for a PCMH to begin a new telehealth program?

    - Readiness Assessment
    - Technology
    - Connectivity
    - Tools
    - Inventory of patient population (ask, billing, insurance, CPT codes, volume)
    - Community needs
    - Wish list
    - Specialty needs (unmet)
    - Gap analysis
    - Identify patients that leave for services
    - Licensing (state lines)

2. What is needed to establish and maintain a successful telehealth program?

    - Connectivity – IT expertise/bandwidth
    - Equipment
    - Administrator and expertise onsite to help them get started
    - Champions (vision – provider and administrator)
    - Community awareness/patient needs and education about opportunity
    - Telehealth Policies
    - Education (payment, HIPAA, etc.)
    - Physical space
    - Expanding relationships re: specialties

3. Can we identify these readiness elements to help us identify potential new sites?

    - Create readiness assessment – morph the two examples (like the check boxes)
    - Capture existing strengths and services (may find specialist here)
    - Consider separate scoring tool (consider needs and interest)
    - Adopt and modify an existing assessment

4. If a readiness assessment is needed, how will this be conducted?

    - Who administers?
    - Deploy assessment – start with more advanced
    - Need to evaluate providers/it is not just administration

- (Champion) Measure what they have and what they want
- Could have self-assessment – measure interest and commitment
- Another- SHIP/RC administers?
- Engage those interested
- Need 'personal touch' to engage
- Could be someone in PHD

5. What else should be considered to create the foundation to build a new program?

    - Understand community needs and lack of access to specialty care
    - Identify resources available outside PCMH – potential urban resources to partner/deploy (hospitals, universities)
    - Different perspectives – rural, frontier, urban
    - Engage existing telehealth programs
    - Start small

6. What else should be considered for program expansion in clinics with some existing telehealth capacity?

    - Shared resources?
    - Education, marketing, opportunity
    - Patient needs
    - Menu of specialty care
    - May not know where to go/how to find additional services
    - Match community need with specialists
    - List of contacts

7. Do we need to have a baseline about existing programs before expanding?

    - Yes, some data in prior surveys – take a look
    - Update what we know
    - Identify stakeholders
    - Survey to identify sites where specialty care is delivered via telehealth
    - Link to telehealth council survey – may need to add questions

8. What resources are needed at the PCMH to begin a program? (Mentoring, education, best practices and guidelines, on-site technical assistance, equipment, billing/reimbursement), etc.

    - Yes to all in resource list
    - Includes education regarding use of equipment
    - Guidelines
    - Rules and regulations (statute, licensure)

- Resource list of specialists/services – this is the "other group" when the service/partner doesn't exist
- Respect referral partners (your current partners)
- Staff/education cost
- Redistribute staffing in PCMH to implement telehealth
- Best practices, guidelines, rules, regulations, statute, licensure

9. Should these resources be delivered on-site at the PCMH or via other strategies?

- On-site most effective, also most expensive
- Web-ex, recorded videos, website
- Look at other resources to build this network with other PCMHs with telehealth
- Peer mentoring and peer networking including SHIP staff, IT, etc.
- Use equipment they have to deliver education
- Provide on-going support and alignment with other initiatives

10. What are the key elements to maintain a successful program?

- Plan ahead – help PCMH find other funding, as needed (foundations, etc.)
- Volume of patients
- Patient satisfaction
- Value
- Reimbursement
- Must have champion, driver
- Cost savings
- Improved outcomes to prove success
- Passionate about providing specialty care for patients

11. How do we deliver these key elements?

- Good assessment, education, marketing, evaluation (outcomes, etc.)
- Know and report outcomes/positive
- Continue outreach – help maintain commitment – forum for coordination
- Care accountability (back to SHIP)
- Identify key stakeholders/champion
- Identify resources outside other community to support program
- Ongoing outreach and collaboration

12. If we provide on-site training and mentoring, how do we build this program?

- Consider 3 tiers – administrative, IT, provider components – team has all expertise (may be 3 different people)
- Assess PCMHs individually
- Consider cost, geography, availability

- Build this team in each district or region/potential overlap
- Must send same messages – need a coordinator to assure consistency
- Create training materials/talking points

13. How do we identify the need of a particular specialty across counties and regions?

- Identify needs in PCMH – estimate volume for specialty service
- Central repository for specialty service needs
- Assure alignment/coordination within existing efforts
- Consider role of PHD SHIP
- Survey – strengths/weaknesses

14. How do we help facilitate the delivery of specialty services at the PCMH?

- Coordination
- Communication
- Need SHIP Central Team for oversight, coordination, education, etc.
- One SHIP FTE
- Regional expert subcontracts
- Address funding challenges

<u>Other Discussion Notes/Feedback</u>

- Need a way for specialist to connect to PCMH/community
- Two-way needs and opportunities (PCMH and specialist)
- Menu of specialty care anticipated Specialty Resource Center
    - Location to identify volume and connect to PCMH – house on ITC website?
    - Could we add some of this work to PHD contracts?
    - Resources
        - SHIP FTE, as central coordinator link to Council for assessment; subcontract with regional experts. Identify these and build teams – connect to central coordinator.
        - Travel/stipend to provide on-site mentoring
        - Need PCMH to invest in some way – maybe also hospital providing specialty care
- Identify patient demographics
    - Health conditions
    - Travel
    - Frequency
- Partner with residency programs to identify needs
- Like “concentric rings”
- A lot of interest by providers – don’t know how to start
- Capitalize on what’s in region
- Aggregate need

- Challenge – wanting to send folks “out” rather than bring specialist in/payment mechanisms
- Outpatient/inpatient differences
- Build an educational component
- PCMH decreases hospital use – use hospital resources at PCMH

BEHAVIORAL HEALTH

How do we identify PMCH'S to establish new or expanded programs to improve access to behavioral health services in rural and underserved areas?

1. What is needed to establish and maintain a successful telehealth program?
2. What key elements must exist for a PCMH to begin a successful behavioral health telehealth program?
3. Can we identify these readiness elements to help us identify potential new sites?
4. If a readiness assessment is needed, how will this be conducted?
5. What else should be considered to create the foundation to build a new program?
6. What else should be considered for program expansion in clinics with some existing telehealth capacity?
7. Do we need to have a baseline about existing programs before expanding?
8. What resources are needed at the PCMH to begin a program? (Mentoring, education, best practices and guidelines, on-site technical assistance, equipment, billing/reimbursement), etc.
9. Should these resources be delivered on-site at the PCMH or via other strategies?
10. What are the key elements to maintain a successful program?
11. How do we deliver these key elements?
12. If we provide on-site training and mentoring, how do we build this program?
13. How do we identify the behavioral health service needs across counties and regions?
14. How do we help facilitate the delivery of behavioral health services at the PCMH?

Answers provided in the order they were documented and recorded on flip charts; responses are not in order of or in direct response to a single question. If a question is identified in the response, that reference has been indicated.

- Primary Care providers who will support the model – maintain responsibility for the patient (#1)
- Clear with what the model will look like; patient with recommendations or more hands on
    - Clear roles
    - What patients are/are not appropriate
        - Criteria
        - Consider risk
        - Care Coordination
- Clear definitions, clear scope, where does care reside (#1)
- Reimbursements, contracts need to be in place
- Contracts: Billing professional/technical – who's responsible
    - Licensing, credentialing
    - Medication/scheduling
    - Resources – what has to be in place, what will the other person provide
    - Privileging
    - Professional Liability
    - Leadership Support
- Requires changes to practice flow – leadership support

- Behavioral Health Provider supply – draw from out of state
- Business model for sustainability
- Policy and procedures –no shows for emergency issues
- Clarity about what the model will look like
- Consents, packets/forms, enrollment packets, standardization
- Process for exchange of information
- Physical space
- Personnel
- Broadband connection/equipment
- Building in potential to expand beyond behavioral/psychiatry consult (team, care coordination)
- Primary care providers willing to work with mental health
- Baseline before expanding (#7)
- Is it collected when PCMH considered ready?
    - Looking at behavioral health integration
    - Inventory
    - Telehealth capacity
- Is telehealth considered (behavioral health) already within PCMH questionnaire?
- Need baseline assessment to see what projected volumes of behavioral health patients
    - Try to avoid asking behavioral health providers
    - Look at insurance data
    - IPCA
- Identify provider willing to interface with patient centered medical homes and telehealth
- Resources needed
    - Staff training/workforce development
    - Start with interested clinics with capacity, i.e., FMRI, Terry Reilly
- Key Elements (#2, #10)
    - Who is at the table/involved organizational leaders?
    - Resources
    - Trust with referrals
    - Collaboration
    - Business agreement with vendor
- Barriers to consider
    - Providers without equipment, use equipment
        - Make sure they don't have to deal with logistics
    - Need IT technical assistance
        - How to have a business agreement
    - Need to have assistance with contracts, liability
    - Technical assistance – how to have standardized practices
- Best practices/toolkit from regional telehealth (#12)
    - Regional Collaborative house technical assistance'
    - Who can provide TA? Vendors? More than just vendors – privileges, credentials
    - Need outreach coordinator
        - Recruit providers

        - Integrate into PCMH
- Need to go to expert Behavioral Health/Telehealth
    - Idaho Telehealth Alliance
    - Facilitate contracting
- Start with existing network
- PCMH Level (#2, #5)
    - Leadership support
    - Provider support/desire to participate
    - Access to IT
    - Space/infrastructure
    - Contract support
    - Need successful financial model
    - Centralized referral (build in)
- Consider we are changing healthcare
    - Takes a long time
    - How to deliver key elements
- Behavioral Health groups – siloed
    - Each group separate
- Need to level knowledge base
- How do you create infrastructure for behavioral health (telehealth) delivery
    - Centralize/standardize
    - Look at portion (1/3 of first cohort – early adapters/passed readiness assessment
    - Do 1/3 of each cohort
    - Look to see if groups are already have centralized scheduling standardized contracting
- Medical insurance – build our own or use existing
- Feasibility assessment
    - List of willing behavioral health providers
        - Identify who's out there
    - PCP interest/support
    - Identify technology EMR
    - PCP interest/support
    - Volume
- Define financial model/business model
    - Compensation for BH
    - Who bills?
    - Who incurs the loss (if one)
    - Develop sustainability model
- Payment parity
- Technology
    - Define
    - Provide
- Define the program – implementation
    - Build toolkits/resources
    - Process

    - Protocol
    - Polices
    - Procedures
    - MOUs
    - Contracts
    - Data/Information exchange
    - Operations
- Different levels of behavioral health
    - Easier to use telehealth
    - Know scope of services long-term
        - Technology needs are different
        - Can do 1 contract and do addendum for specialties
        - Mental health struggles to pay for itself – coordinate with other specialties
- Should include other specialty services (#13)
    - Needs Assessment
    - Resources – what is already in the community/existing relationships?
    - Charter
    - Team development
    - Reimbursement
    - Use existing program or develop their own
- Who is "we"? SHIP?
- Technology is easy – who is training, facilitating
- State standardized? Existing programs – all different
- Centralization
- Define, centralize, regionalize, PHDs
- Operationalize
- Identify who
        - Assessments
        - Scheduling
        - Coordination
        - Technical Assistance
- Resources for those already working in telehealth
- Evaluation/Outcomes
- IT – begin conversation with surveyors about psych services – CAHs; IT needs for mental health patient

<u>Other Discussion Notes/Feedback</u>

- Assessment
    - Currently provide Behavioral Health?
    - No – Do you plan to by when? Yes – How?
    - Telehealth – yes/no
    - Budget for equipment/personnel
    - Do you have Behavioral Health coordinator?
    - Do you have a provider/champion to support telehealth?

    - Want first adopter and see regional landscape for Behavioral Health telehealth
    - Existing Technology/volume
    - Type of telehealth (behavioral health) looking for/implementing
    - Work with clinics even if not selected in first cohort
    - Criteria defined
- Business Considerations
    - Define financial, business program models (SHIP, regional, centralized)
    - Provide business case and guidelines – individual PCMH level
    - Technology – collaborative implantation, relationship/RFP
    - Develop performance-monitoring plan
- Central coordinator at SHIP with local in regions
    - Share learning, best practices, manage relationships
- A lot of work in policy and procedure (e.g. how are no shows managed)
- Who is the 'we'?
- Sustainability when tied to grant?
- SHIP supports "test" of specialties
- Also separate out/in patient – big savings
- Treat immediately with telepsychiatrist – then place
- Scheduled system vs. on call
- Have to marry out and in patient side
- Whole community has to be engaged
- Track lost opportunity when docs consumed by Behavioral Health – free them up for medical
- Challenge with "state survey" requirements for critical access hospitals
- Regional interest in telehealth and behavioral health
- Barriers – logistics, billing, etc.
- NASHP – technical assistance for behavioral health integration with Medicaid
- ER – chance to establish outpatient relationship
- Where plug in with counseling services?
- Integrate with local resources – other behavioral health specialties

CHEMS

1. There are currently no Idaho programs. Do we need to begin by researching existing program nationwide?

    - Ada County and Sandpoint EMS
    - Do research nationwide
    - New Mexico
    - No duplicate program

2. How do we determine where these programs should be established? These must be linked and supported by the PCMH in the service area.

    - Key to have a champion
    - Broad support: PCMH, EMS agency, hospitals, hospice, home health, public health
    - Minimum one to EMT agency
    - Recruitment

3. What are the key program elements to help us gauge readiness and support recruitment?

    - Broadband reliable access
    - MD/Hospital buy in
    - Data collection capability/compliance
    - Community population need
    - Hospital based agency or independent agency (independent might be difficult to test in three years)

4. Do we need to develop and implement a readiness assessment of some type?

    - Yes
    - Use Q2 and Q3 to do the assessment
    - Learn lessons in communities where it is easier to implement and test

5. What resources are needed by the CHEMS agency and PCMH to support implementation? Mentoring, education, equipment, etc.

    - Robust technical support for technology (Hot spots? Training, functioning equipment)
    - Procedures and protocols already established before telehealth comes in place (CHEMS Task Force?)
    - Credentialing (through medical provider, different paradigm)

6. What is reimbursable?

    - Is reimbursable:

    - Transports to ER/Hospital
    - ER Based clinic visits

- Should be reimbursable:
    - Screening service by EMS
    - Physician/provider time

7. Given that we don't have programs in Idaho, where do we find mentors and expertise to support program development?

    - Sandpoint
    - Ada County
    - Nation-wide based on research
    - Mentorship

8. Based on the outcome of the above, do we need to convene interested CHEMS agencies for this planning effort and focus specifically on telehealth CHEMS?

    - Yes

Other Discussion Notes/Feedback

- Opportunity for Medicaid billing/payment for EMS trip under contract to provider
- Need to fund agencies willing to have those contracts
- All affiliated with PCMH
- Find communities where everyone is ready to work together
- Poste acute care inclination to send to ER vs. access to EHR and have more effective more effective decision made – connect appropriately
- Challenge – in-home, broadband, reluctance to pay for telehealth there
- First responder Wi-Fi network, portable models
- Bring CHEMS providers together to create shared vision for what it will look like and get best practices from other states
- Cohort of SHIP CHEMS agencies
- Transitions of care coalitions (Qualis) – leverage/opportunity
- Identify/connect "near misses"
- High call type – falls – provide medical assessment and safety consultation

IDAHO TELEHEALTH EXPANSION PLAN

IDAHO TELEHEALTH COUNCIL GOAL: Operationalize and expand telehealth services in State Healthcare Innovation Plan (SHIP) patient-centered medical homes (PCMH) and Community Health Emergency Medical Services (CHEMS) programs

STATEWIDE HEALTHCARE INNOVATION PLAN OBJECTIVE: By December 2018, improve rural patient access to medical care by developing 50 virtual Patient-Centered Medical Homes

	Planning Year 2015		Implementation Year 2016												Implementation Year 2017				Implementation Year 2018				IY2019		
STRATEGIES/Action Plan	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	QTR. 1	QTR. 2	QTR. 3	QTR. 4	QTR. 1	QTR. 2	QTR. 3	QTR. 4	JAN	Lead/Team	Resource Requirements
1. Establish rural telehealth capability in 18 PCMH's across the range of specialty services																							◆		
A. Identify SHIP telehealth staff/coordinator		X																							
B. Develop electronic readiness assessment tool - use/adopt existing	X																								
C. Send Assessment to PCMHs (current and future - 138 interested clinics)			X										X												
D. Review responses and identify potential sites/define participation expectations				X																					
E. Determine current utilization (Can update current and align with Council. Does PCMH provide specialty care via telehealth? Is specialist providing services via telehealth?)		X																						Telehealth Council	
F. Create needs assessment tool			X																						
G. Create and train (maybe PHD) regional teams or multi-regional teams to provide on-site technical assistance															X				X						
H. Conduct on-site needs assessment of those emerging from readiness assessment (patient specialty/subspecialty needs (can use same claims and transportation data - include administrator and lead clinician who will know needs)						X																		Needs Assessment Subcommittee	
I. Identify and aggregate service needs (geographic size to support specialty)																									
J. Create billing resource manual/other resources/templates					X																			Telehealth	Create best practice
K. Select and implement PCMHs											Implement new programs														
K.1 Address credentialing, licensing, provider enrollment (3 months prior to implementation)																									
L. Identify subject matter experts to provide on-site assistance																									
M. Provide PCMH training (billing, contracting, equipment, policies, etc.)																									
N. Provide regional and statewide peer learning opportunities/workshop for coaching/identify mentors-current programs/calls/develop relationships																									
O. Find specialists, purchase equipment																									Specialists, resources
P. Outreach and marketing																									
Q. Create templates (contracts, agreements)					X																				
R. Continue to engage PCMHs to expand services																									
S. Evaluation (consider evaluation tool, start early, need to develop, align with SHIP evaluator)																									
2. Establish rural telehealth in 18 PCMH's respective to behavioral health																							◆		
A. Conduct assessment of PCMH & Behavioral Health existing telehealth resources (see notes for specific assessment suggestions)			X																					SHIP/ Subcommittee	SHIP FTE
B. Select and operationalize first adopters/PCMH/BH telehealth						Select 2 sites									1st site operational									BH	
(independent from assessment)				X																					
D. Provide program model/ business case (individual PCMH level)including guidelines, financial, SHIP, Regional. Centralized arrangement)																								SHIP Staff	
E. Technology/collaborative implementation/RFP			X						X																
F. Coordinate with multiplayer work group, reimbursement, NASHP																									
G. Bring in interested PCMH's outside cohort (repeat)																									
H. Identify technical assistance entity (RFP)									X																
I. Develop centralized resource (contracts, policies, procedures, forms, checklists, list of existing resources, director, reporting metrics, data)	X	X																						SHIP RCs/ PCMH Contractor	Attorneys if not available from existing groups/contracts, DAG
J. Develop Performance Monitoring Plan									X															QAQI/PCMH Contractor	
3. Establish 6 mobile Telehealth stations																							◆		
A. Research existing CHEMS telehealth and learn from that (reimbursement models, shared contracts, etc.)		X																						Kate	Med Star-Texas; New Mexico
B. Investigate, pursue and develop CHEMS telehealth reimbursement																									
B.1. Pair up CHEMS/Primary Care to enable some level of reimbursement																									
B.2. Engage Multiplayer workshop to solve the funding problem (Medicaid Assessments; part of PCMH; bundled payment reform)																									
C. Align CHEMS telehealth opportunity with SHIP CHEMS expansion																									
D. Develop readiness assessment (including ISU training)																									
E. RFP For Equipment								RFP Released				Purchase					Purchase	3 Operational							
F. Select 1-6 CHEMS								3 Selected						3 Operational											
G. Develop guidelines/Resources										X					Update										
H. Provide training												X					X								
I. Conduct Evaluation																									
4. Conduct a regular evaluation process to measure improvement in rural access and patient outcomes																									
See 11/5 meeting notes for brainstormed list																									

EVALUATION BRAINSTORM

- Look to existing programs
- Baseline data – did telehealth make a difference?
  - Test score
  - Chronic disease metrics
  - By specialty/customized
  - Prevented transport
- Identify up front
- Marry reimbursement with quality initiatives
- Existing measures: tobacco, diabetes, obesity (child)
- What effect does helping outpatient have on hospitalization?
- Medicaid looking at PCMHs – can look to see if addition of telehealth makes a difference
- Have a pilot (or two) to look at specific measures?
- Have a catalog of population health measures
- Kate –research telehealth program evaluation tools
- Fall prevention
- Patient and provider satisfaction data
- Provider personnel
- BSU Program Evaluation Class
- Payer concern: churn
- Quality? Using best practices? Following standards? Guidelines?
- Data analytics work
- Clinic data – before/after
- Prove how grant was successful –justify funding request
- Pay for value
- Population health issue